

<b>REPORTING AND PROCESSING MEDICAL MATERIEL COMPLAINTS/ QUALITY IMPROVEMENT REPORT</b>						DATE	
						NO.	
TO			FROM				
TYPE OF COMPLAINT			1A. FOR DOD USE <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III			1B. FOR VA USE <input type="checkbox"/> QUALITY COMPLAINT <input type="checkbox"/> NEW ITEM <input type="checkbox"/> SIMILAR ITEM	
2. NATIONAL STOCK NO.			3. ITEM DESCRIPTION				
4. NAME AND ADDRESS OF MANUFACTURER				5. NAME OF CONTRACTOR <i>(If other than the manufacturer)</i>			
				6. CONTRACT NO. OR PURCHASE ORDER NO.			
7A. VA DEPOT VOUCHER NO.			7B. DOD REQUISITION NO.			8. LOT NO.	
9. CONTROL NO.			10. MANUFACTURER'S SERIAL NO.			11. MODEL NO.	
12. DATE MANUFACTURED			13. DATE PACKED			14. EXPIRATION DATE	
15. SOURCE <i>(Name of Depot)</i>			16. QUANTITY ON HAND			17. QUANTITY SUSPENDED	
COMPLETE ITEM 18A. THROUGH 18F. FOR DOD TYPE I COMPLAINTS ONLY							
18A. TOTAL NO. PATIENTS INVOLVED			18B. TOTAL NO. REACTIONS			18C. SEVERE OR UNUSUAL REACTIONS	
18D. REACTIONS REQUIRING HOSPITALIZATION		18E. LENGTH OF HOSPITALIZATION		18F. VACCINE <input type="checkbox"/> INITIAL <input type="checkbox"/> BOOSTER    INTERVAL _____			
19. CAUSE OF COMPLAINT <i>(Explanation of unsatisfactory condition, deficiency, or description of reaction. Complete 19 through 22 for ALL complaints.)</i>							
20A. TYPED NAME OF INITIATOR <i>(For Type I MC/DC/NC)</i>				20B. AUTOVON/FTS TELEPHONE NO.		20C. COMMERCIAL TELEPHONE NO.	
21A. TYPED NAME OF SUPPLY OFFICER			21B. SIGNATURE OF SUPPLY OFFICER				21C. DATE
21D. AUTOVON/FTS TELEPHONE NO.				21E. COMMERCIAL TELEPHONE NO. AREA CODE (       )			